PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/868907

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							1	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	748.68
TOTAL CHARGEABLE CLAIMS			3 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		<u> </u>			X40=		OR	X80≃	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	860	
CLAIMS AS AMENDED - PA					T II mn 2)	(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 6	Minus	:2	0	=		X\$ 9=		OB-	X\$18=	
	Independent	· 2 NTATION OF M	Minus	ENDEN	<u> </u>	=		X40=		OR	X80=	
<u></u>	FIRST PRESE	NIATION OF M	OLITPLE DEP	ENDEN	CLANV			135=		OR	+270=	
							Λ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADD(1.1 CC			A00111.1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. <i>V</i>	Minus	x	20	=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	ENDEN	3 TCLAIM			X40=		OR	X80=	
<u> </u>	is a los i facoc	ATAMON OF W	OEIN CE DE	LIVOLIV	COCAIN		3	+135=		OR	+270=	
							,	TOTAL ADDIT: FEE		OR	TOTAL ADDIT: FEE	
		(Column 1)			mn 2)	(Column 3)	-					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent	•	Minus	•••		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
	The "Highest Nun						er foi	und in the ap	propriate bo	x in co	olumn 1.	